by his patients, with the average progress made by similar patients in the Brompton Hospital, he shows that of 100 patients over twelve years of age —75 males, 25 females—nine died, seventeen lost weight, seven remained stationary, and the rest gained in weight from one and one-half pounds to twenty-three pounds. Among those who gained in weight the majority showed improvement in physical signs as well as in general condition. In the great majority the temperature and the pulse improved as well, and the expectoration diminished. Urea seemed to exert no special influence upon either the pulse or the temperature, and in no case was there any marked diminution in the quantity, or any appreciable improvement in the quality of the sputum. The conclusions arrived at, the author says, do not, of course, exclude the possibility that urea acts beneficially in cases of tuberculosis other than pulmonary, such, for example, as glandular tuberculosis and lupus, but so far as it was possible for him to judge from the results obtained in his cases he does not believe that there is any special action exerted by pure urea.—*The Lancet*, 1902, No. 4134, p. 1383.

Sodium and Potassium Iodides and Their Clinical Use.—DR. R. B. WILD gives an elaborate study of the comparative value of these iodides. Clinically potassium iodide is claimed to be more active, but is also more liable to cause iodism. He discusses in great detail three factors that are concerned in the action of these iodides: 1. The salt action. 2. The "ion" action of dissociation of the molecule into two moieties which become charged with negative and positive electricity. 3. The supposition that the alkaline iodides are decomposed in the tissues, setting free nascent iodine. Apart from theoretical consideration, the author thinks that the potassium salt is to be preferred, owing to its extreme solubility and rapid diffusive power favoring its penetration to all tissues. Its power of dilating bloodvessels is of great importance, by bringing more blood to the tissues, thus stimulating nutrition and bringing more of the drug to the tissues. As regards two common objections, namely, the liability to iodism and the depressing effect of the potassium, Wild holds that there is little difference between the sodium and the potassium in small doses, but the vascular dilatation of potassium iodide may predispose to catarrhal inflammations and cutaneous eruptions. As for the depressing effects, this is much exaggerated, and to a considerable extent can be further avoided by modifying the diet so as to diminish the amount of potassium salts. Thus potatoes and legumes should be forbidden, and green vegetables are only to be taken in small quantities; but milk, fish, eggs, and the animal foods are to be freely allowed.—*Medical Chronicle*, 1902, vol. xxxvi. p. 285.

Morphine Addiction and Its Treatment.—DR. C. B. BURR reports a series of twenty cases of this addiction, giving some very interesting and out of the ordinary deductions, the which are nearer actual conditions than many of the cut-and-dried text-book opinions. With reference to the withdrawal of morphine he favors its rapid withdrawal—*i. e.*, within a week to ten days. In some patients a shorter time even may be considered—two to three days—and thus far he has not seen any evil results from the abrupt withdrawal method, although it should be a primary canon that patients should be handled according to their individuality rather than because of their being morphine *habitués.* In general, on admission to the sanitarium the patients receive a hot Russian bath, and following this the morphine is rapidly withdrawn, strychnine, quinine, kola, coca, champagne, and aromatic spirit of ammonia are given at night. In prescribing chloral the author advises its combination with quinine or strychnine, and at the height of the constitutional disturbance, which he finds to be, as a rule, about the third day following the withdrawal of the drug, he advises the use of ¼ to ½ grain of morphine hypodermically; this rests the body and brings about a relief from the nervous tension and does not interfere with the progress of the treatment.—*Journal of the American Medical Association,* 1902, vol. xxxix. p. 1558.

Two New Drugs: Hopogan and Extogan.—DR. D. M. FRENKEL describes two new drugs—magnesium peroxide, called hopogan, and zinc peroxide, called extogan—both prepared in a pure state. Hopogan is a white, light, tasteless and odorless powder, almost insoluble in water. The filtered emulsion gives a liquid with a slight alkaline reaction, containing small traces of chloride of sodium. The product is composed qualitatively of magnesium and oxygen. It contains 7.15 per cent. of active oxygen, which corresponds to 25 per cent. of magnesium peroxide. Extogan is a light, slightly yellowish, tasteless, odorless powder. It is absolutely insoluble in water. It contains traces of sodium chloride. Its qualitative composition is zinc and oxygen. It contains 9.08 per cent. of active oxygen, corresponding to 55 per cent. of zinc peroxide. Although no clinical work has yet been done upon these drugs, it is believed that they will interest experimenters. Zinc peroxide (extogan), intended for internal use, contains in a latent state, so to speak, oxygenated water. The physician can convert it into its active state on the wound or diseased epidermis, and can regulate its quantitative production. To produce this oxygenated water, tartaric acid would seem to be the best agent. Three parts of zinc peroxide and four parts of tartaric acid will produce oxygenated water at 100 per cent. Clinical experience ought to show that active oxygenated water thus locally generated should have a much stronger bactericidal and cicatrizing effect than ordinary oxygenated water. Magnesium peroxide (hopogan) is intended for internal use; the maximum dose is yet to be determined clinically, but it is thought that one and one-half grammes of pure magnesium peroxide or six and one-half grammes of hopogan in the scale of 25 per cent. of peroxide would present no danger. Once in the stomach, magnesium peroxide is decomposed by the normal or abnormal gastric juice and the oxygen liberated, which, in the case of abnormal condition, probably attacks the products of butyric acid fermentation. However this may be, it must be remembered that the decomposition of magnesium peroxide in the stomach is always accomplished by an appreciable local rise of temperature. The practical value of these drugs is still to be determined by laboratory and clinical experiment. It should be mentioned that the iodides, under the action of magnesium peroxide, give forth iodine, which will make it possible as in no other way to produce iodine in the nascent stage in a quantity that can be exactly calculated in advance.—*Le Progrès Médical,* 1903, vol. xvii. p. 19.